

***RI Governor's Overdose Prevention and Intervention Task Force
Treatment Workgroup
Minutes of the Meeting held on December 10, 2015 at 7:30 am***

Location of Meeting:

Barry Hall, Room 126
14 Harrington Road
Cranston, RI 02920

Person Presiding: Rebecca Boss

Members in Attendance:

Dr. Kevin Baill, Rebecca Boss, Michelle Brophy, Lauranne Howard, Linda Hurley, Susan Jacobson, Dr. Elinore McCance-Katz, Sharon Morello, Dr. Jody Rich, and Rosemary Petteruti. Matt Collins was conferenced in.

The meeting of the Treatment Workgroup was called to order at 7:30 AM on December 10, 2015 at the Barry Hall by Rebecca Boss.

Actions of Meeting

1. Becky gave an overview of the Treatment Strategies.
2. The purpose of this committee is to expand treatment sites and to sustain and maintain those sites

Consideration of New Business

1. We need to develop Centers of Excellence. It's the job of this workgroup to make it happen. Next steps involve development of a clear implementation plan, with identified responsible parties and timelines. COE may involve a phase-in approach.
2. We also need a sub-committee to work on the financial impacts. They need to identify who, what standards, compensation, expectations and appropriate reimbursement structures are. Currently two volunteers for that group – Sharon Morello and Linda Hurley. Dr. Baill will check on appropriate person from Butler. Plans and Medicaid should be represented on this committee.
3. Dr. Katz addressed the group. She said there is a lot of work to be done. There has to be a change of attitude. There is plenty of resource available. One problem is that it takes a long time for a stable client to get an appointment in the community.
4. The importance of nurses was discussed and how they could be utilized to expand access in medical settings including private practices. The point was made that nurses should be able to bill for their time.
5. There was a fairly robust discussion as to whether all clients with substance abuse need psych and soc supports. It was generally agreed upon that giving medication alone doesn't solve the problem. Clients also need therapy. We also have to recognize that clients are at different stages of readiness. It is important to get the client in the door.

Then we have to be able to move them through the process and determine what level of care is needed.

6. Susan Jacobson address the group. She said many physicians have been reluctant to prescribe buprenorphine because behavioral health support is missing. Even though community based behavior health supports exists, it needs to be utilized. There seems to be some opportunity to discussion there to make appropriate connections.
7. We need to build a financial plan. That may require RFPs. We have to develop certification standards for providers of health care so they can be reimbursed.
8. If a client relapses, they should be referred back to the Centers of Excellence (hub).
9. There is a lack of communication with the community. We need more training, create RFPs and enhance Medicaid paid treatment
10. An important issue is: How can we get more doctors involved in treatment? How can we recruit new doctors? What are the carrots? What are the sticks? If we can enhance funding for the doctors we may be able to increase their willingness to be waived?
11. We need to have more Federally Qualified Health Centers (FQHC) on board. Project Echo provides supports to primary care clinicians to provide specialty care services. This means more people can get the care they need.
12. There has to be at least three sub-committees formed including implementation, certification standards and financial. Becky will send out lists of sub-committees, their names and their duties.

Agenda and Time of Next Meeting

The next meeting of the Treatment Workgroup will be held at 7:30 AM on December 17, 2015 at Barry Hall, Room 126, 14 Harrington Road, Cranston, RI

The meeting was adjourned at 8:30 AM by Rebecca Boss

Minutes submitted by: Rosemary Petteruti